

Section VIII - Certification by Employer

The certification of current year service and salary must be completed by the school system or agency

Name: Jane C. Doe SSN: 999-99-9999 Year: 2000-01
 Employer: Frankfort Independent Days in Contract Year 185 Contract Salary 43,250.00
 District No: 167 (Include Extended Days)

Original Contract					Salary	Contributions		
Salary Paid:	Daily Rate	233.7838	x	no. days	179.00	41,847.30	4,124.05	
Number of unpaid contract days [prior to retirement date only!]					2.00			
Additions to Original Contract								
Sick Leave:	Amount of contract salary for <u>sick leave</u> if different from original contract					9,117.57	898.54	
	Daily rate	233.7838	x	0.30	x no. days			130.00
	(decimal form)							
Annual Leave	Amount of contract salary for <u>annual leave</u> if different from original contract					-	-	
	Daily rate	233.7838	x	no. of days				
* Other	(Identify	Soccer coach):	2,500.00	246.38	
	Daily rate	233.7838	x	no. of days				
	Fixed Rate Earnings				2,500.00			
Total paid employee including current salary =						53,464.87	5,268.97	

*This should include items such as extra services, cafeteria plan payments, summer school salary, etc.
 Summer school employment must be terminated prior to the close of the fiscal year (July) if July retirement is to be approved. For retirement after July 1, summer school employment by itself is not subject to KTRS contributions and cannot be reported on this application.

If actual contributions withheld exceed the amount indicated above, you should refund the overage to the employee and reduce your next contribution transmitted to KTRS. Contributions on your annual report should equal the amount reported on this form. This information will be used in calculating the benefit and must be accurate.

Are you paying a retirement incentive to this employee? Yes x No Initials

I hereby certify that the employee named in this application has terminated his/her contract and the last day of employment is (enter as mm/dd/year) 05/31/2001. The employee requests retirement from the Kentucky Teachers' Retirement System in accordance with the provisions of the Kentucky Revised Statutes to begin on 06/01/2001. I further certify that the above information is accurate and complete to the best of my knowledge. (enter as mm/dd/year*) *[Note: this date must be the 1st day of the month the member chooses to receive retirement benefits]

Signature of School Officer or Other Employing Agency _____ Title Superintendent Date #####